

DEPARTMENT OF THE INTERIOR CLAIM FOR RELOCATION PAYMENTS– NONRESIDENTIAL <small>(Public Law 91-646, as amended)</small>		<small>OMB CONTROL NO.</small> 1084-0010 <small>Expires December 31, 2002</small>												
AGENCY:	PROJECT/TRACT:													
DATE OF INITIATION OF NEGOTIATIONS:	ADDRESS:													
SECTION 1 – TO BE COMPLETED BY CLAIMANT														
<p>INSTRUCTIONS: This form is for use in applying for payment of moving, storage, actual direct loss of property, search, and reestablishment expenses or a payment in lieu of these expenses. The representative will explain the differences between types of payments and, if you wish, will help you complete the forms. No payments will be made unless the forms are properly executed and received (42 USC 4622). If your claim is disapproved and/or adjusted from the amounts claimed you will be provided a written explanation for the reason and steps that you may take to have your claim reviewed in accordance with regulations and procedures. NOTE: Actual expenses must be supported by receipts, vouchers, closing statements or other documentation, or similar evidence remitted with the appropriate forms.</p>														
1. NAME: (claimant) MAILING ADDRESS: TAX ID NO. OR SOCIAL SECURITY NO.: TELEPHONE NUMBER: ()	2. NAME/TITLE: (person filing claim for claimant) MAILING ADDRESS: TELEPHONE NUMBER: ()													
3. TYPE OF CONCERN: BUSINESS FARM OPERATION NONPROFIT ORGANIZATION 4. TYPE OF OWNERSHIP: SOLE PROPRIETORSHIP CORPORATION PARTNERSHIP NONPROFIT ORGANIZATION ARE ALL OWNERS CITIZENS OR OTHERWISE LAWFULLY PRESENT IN THE UNITED STATES? YES NO 5. DATES YOU OCCUPIED THE PROPERTY: FROM _____ TO _____ 6. DID CONCERN DISCONTINUE OPERATION? _____ 7. DOES CONCERN PLAN TO REESTABLISH? _____ 8. DATE YOU OCCUPIED THE REPLACEMENT: _____ 9. ADDRESS OF REPLACEMENT: 10. TYPE OF CLAIM: INITIAL SUPPLEMENTARY FINAL 11. TYPE OF PAYMENT: ACTUAL FIXED PAYMENT (complete item 13 on next page)														
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">12. CLAIM:</td> <td style="width: 10%; border-bottom: 1px solid black; text-align: center;">AMOUNT</td> </tr> <tr> <td style="border-bottom: 1px solid black;">MOVING AND STORAGE EXPENSES (Attach completed schedule A)</td> <td style="border-bottom: 1px solid black; text-align: center;">\$</td> </tr> <tr> <td style="border-bottom: 1px solid black;">ACTUAL DIRECT LOSSES OF PROPERTY (Attach completed schedule B)</td> <td style="border-bottom: 1px solid black; text-align: center;">\$</td> </tr> <tr> <td style="border-bottom: 1px solid black;">REASONABLE SEARCH EXPENSES (Attach completed schedule C)</td> <td style="border-bottom: 1px solid black; text-align: center;">\$</td> </tr> <tr> <td style="border-bottom: 1px solid black;">REESTABLISHMENT EXPENSES (Attach completed schedule D)</td> <td style="border-bottom: 1px solid black; text-align: center;">\$</td> </tr> <tr> <td style="border-bottom: 1px solid black;">FIXED PAYMENT</td> <td style="border-bottom: 1px solid black; text-align: center;">\$</td> </tr> </table>		12. CLAIM:	AMOUNT	MOVING AND STORAGE EXPENSES (Attach completed schedule A)	\$	ACTUAL DIRECT LOSSES OF PROPERTY (Attach completed schedule B)	\$	REASONABLE SEARCH EXPENSES (Attach completed schedule C)	\$	REESTABLISHMENT EXPENSES (Attach completed schedule D)	\$	FIXED PAYMENT	\$	FOR AGENCY USE ONLY
12. CLAIM:	AMOUNT													
MOVING AND STORAGE EXPENSES (Attach completed schedule A)	\$													
ACTUAL DIRECT LOSSES OF PROPERTY (Attach completed schedule B)	\$													
REASONABLE SEARCH EXPENSES (Attach completed schedule C)	\$													
REESTABLISHMENT EXPENSES (Attach completed schedule D)	\$													
FIXED PAYMENT	\$													

13. FIXED PAYMENT IN LIEU OF ACTUAL EXPENSES:

FOR BUSINESS OR FARM OPERATION

What were the annual net earnings, including compensation to owner, the owner's spouse and dependents, before Federal, State, and local income taxes for the two taxable years immediately prior to the taxable year of displacement. (Proof of net earnings shall be furnished through income tax returns, certified financial statements or other evidence.)

TAX YEAR: _____	TAX YEAR: _____	AVERAGE
NET EARNINGS:	NET EARNINGS:	AMOUNT
\$ _____	\$ _____	\$ _____

Names: used on income tax return(s) or other acceptable proof of income:

Employer identification number(s) shown on tax return(s)
(if tax returns used as proof of income):

FOR NONPROFIT ORGANIZATION

What were the annual gross revenues, less administrative expenses for the two 12-month periods prior to acquisition? (Certified financial statements or financial documents must be provided for any payment in excess of \$1000.)

PERIOD: _____	PERIOD: _____	
AMOUNT	AMOUNT	AVERAGE
\$ _____	\$ _____	AMOUNT

Is Organization incorporated under applicable laws of a
State as a nonprofit organization? YES NO

Is organization exempt from paying Federal income
taxes under section 501 of the Internal
Revenue Code (26 U.S.C. 501)? ☐ YES NO

14. NAME AND ADDRESS OF PERSONS(S)
TO WHOM PAYMENTS ARE TO BE MADE:

15. **CERTIFICATION:** I (We) CERTIFY under the penalties and provisions of U.S.C. Title 18, Sections 286, 287, 1001, and any other applicable law, that this claim and information submitted herewith have been examined by me(us) and are true, correct, and complete. I (We) further certify that I (We) have not submitted any other claim for, or received reimbursement or compensation from any other source for any item of this claim; and that any receipts submitted herewith accurately reflect costs actually incurred. I (We) further certify that my (our) choice of type of payment was made on the basis of a full explanation by the displacing agency representative of the differences between the types of payments available.

SIGNATURE: _____
(claimant or agent)

DATE: _____

SIGNATURE: _____

DATE: _____

PRIVACY ACT STATEMENT: 42 U.S.C. 4601 et seq. authorizes collection of this information. The primary use of the information is to determine whether the claimant is eligible for and entitled to relocation benefits. Furnishing the information is required in order to process your claim. The information may also be provided to appropriate Federal, State, local or foreign agencies responsible for investigating or prosecuting a violation of law; to the Department of Justice when relevant to litigation or anticipated litigation.

PAPERWORK REDUCTION ACT STATEMENT: This Information is being collected in order to assess claims for relocation expenses. Completion of this form, including gathering of needed information, is estimated to take 30 minutes. Public comments on this estimate or suggestions for reducing this information collection burden should be directed to the Office of Acquisition and Property Management, U.S. Department of the Interior, MS 5512-MIB Washington DC 20240. Submission of this form is necessary to obtain a government benefit. A federal agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

PENALTY FOR FALSE OR FRAUDULENT STATEMENT: U.S.C. Title 18, 1001, provides: 'Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies . . . or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years or both.'

SECTION II – TO BE COMPLETED BY AGENCY

AMOUNT PREVIOUSLY PAID (if any) \$

PAYMENT	AMOUNT	SIGNATURE	TITLE	DATE
RECOMMENDED:	_____	_____	_____	_____
APPROVED:	_____	_____	_____	_____

SCHEDULE A
MOVING AND RELATED COSTS – NONRESIDENTIAL
 (Under Sec. 202, P.L. 91-646, as amended)

SECTION I - TO BE COMPLETED BY CLAIMANT

1. NAME:

2. PROJECT/TRACT:

3. TYPE OF MOVE:

SELF

COMMERCIAL

SELF AND COMMERCIAL

4. MOVING COSTS: (See reverse for allowable/nonallowable expenses)

ITEM	CONTRACTOR/ADDRESS/PHONE NUMBER	AMOUNT CLAIMED	FOR AGENCY USE ONLY
MOVING:		\$	\$
ELECTRICAL:		\$	\$
MECHANICAL:		\$	\$
PLUMBING:		\$	\$
CARPENTRY:		\$	\$
OTHER: (list)		\$	\$
_____		\$	\$
_____		\$	\$
_____		\$	\$
TOTAL		\$	\$

5. STORAGE COSTS:

TYPE OF CLAIM:

INITIAL

SUPPLEMENTARY

FINAL

NAME AND ADDRESS OF STORAGE COMPANY:

STORAGE PERIOD: NUMBER OF MONTHS _____ ARE THE NUMBER OF MONTHS ACTUAL OR ESTIMATED

DATE PROPERTY WAS MOVED: TO STORAGE _____ FROM STORAGE _____

STORAGE COSTS: \$ _____

DESCRIPTION OF PROPERTY STORED: (List each major item separately or attach a Bill of Lading from the moving company showing the items stored.)

6. REMARKS:

7. SIGNATURE:

SIGNATURE:

DATE:

DATE:

SECTION II - TO BE COMPLETED BY AGENCY

MOVING ESTIMATE OBTAINED BY THE AGENCY: \$ _____

MOVING COSTS: \$ _____

STORAGE COSTS: \$ _____

ADVANCE RECEIVED (if any): \$ _____

PAYMENT	AMOUNT	SIGNATURE	TITLE	DATE
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RECOMMENDED: _____

APPROVED: _____

ALLOWABLE MOVING EXPENSES

1. Transportation of personal property not to exceed 50 miles except where the Agency determines that relocation beyond the 50-mile Area is justified.
2. Packing, crating, unpacking and uncrating personal property.
3. Disconnecting, dismantling, removing, reassembling and reinstalling relocated machinery, equipment and other personal property, including substitute personal property.
4. Storage of the personal property for a period not to exceed 12 months, unless the Agency determines that a longer period is necessary.
5. Insurance for the replacement value of the personal property in connection with the move and necessary storage.
6. Any license, permit, or certification required of the displaced person at the replacement location.
7. The replacement value of property lost, stolen, or damaged in the process of moving (not through the fault or negligence of the displaced person, his agent or employee) where insurance covering such loss, theft, or damage is not readily available.
8. Professional services necessary for planning, moving and installing relocated personal property at the replacement location.
9. Relettering signs and replacing stationery on hand at the time of displacement that are made obsolete as a result of the move.

NON ALLOWABLE MOVING EXPENSES

1. Cost of moving any structures of other real property improvement in which the displaced person reserved ownership.
2. Interest on loan to cover moving expenses.
3. Loss of goodwill.
4. Loss of profits.
5. Loss of trained employees.
6. Additional operating expenses incurred because of operating in a new location except as specifically provided for.
7. Personal injury.
8. Any legal fee or other cost for preparing a claim for a relocation payment or for representing the claimant before the Agency.
9. Physical changes to the real property at the replacement location except as specifically provided for.
10. Costs for storage of personal property on real property already owned or leased by the displaced person.

SCHEDULE B
DIRECT LOSS OF PERSONAL PROPERTY- NONRESIDENTIAL

(Under Sec. 202, P.L. 91-646, as amended)

SECTION I-TO BE COMPLETED BY CLAIMANT

1. NAME:

2. PROJECT/TRACT:

3. TANGIBLE PERSONAL PROPERTY:

ITEM (list)	FAIR MARKET VALUE FOR CONTINUED USE AT PRESENT LOCATION	—	NET PROCEEDS FROM SALE	=	VALUE NOT RECOVERED BY SALE	FOR AGENCY USE ONLY
1.	\$		\$		\$	\$
2.	\$		\$		\$	\$
3.	\$		\$		\$	\$
4.	\$		\$		\$	\$
5.	\$		\$		\$	\$
6.	\$		\$		\$	\$
7.	\$		\$		\$	\$
8.	\$		\$		\$	\$
COST OF SALE:					\$	\$
TOTAL:					\$	\$

4. REMARKS: (Use other side if necessary)

5. RELEASE: I(We) hereby release to the displacing agency ownership and title to all personal property remaining on the acquired site, for which the claimant has received or will receive a payment for direct loss of property.

SIGNATURE:

SIGNATURE:

DATE:

DATE:

SECTION II - TO BE COMPLETED BY AGENCY

TOTAL COSTS \$

ESTIMATED COSTS OF MOVING PROPERTY \$

PAYMENT	AMOUNT	SIGNATURE	TITLE	DATE
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RECOMMENDED:

APPROVED:

SCHEDULE C
SEARCH EXPENSES – NONRESIDENTIAL
(Under Sec. 202, P.L. 91-646, as amended)

SECTION I – TO BE COMPLETED BY CLAIMANT

1. NAME:

2. PROJECT/TRACT:

3. ACTUAL EXPENSES:

AMOUNT CLAIMED

FOR AGENCY USE ONLY

SEARCHING TIME (hours) at (rate) \$

\$

TRANSPORTATION (miles) at (rate) \$

\$

LODGING (nights) at (rate) \$

\$

COST OF MEALS \$

\$

FEES PAID TO REAL ESTATE AGENTS OR BROKERS (excluding commissions) \$

\$

OTHER (list) \$

\$

..... \$

\$

TOTAL \$

\$

4. REMARKS:

5. SIGNATURE:

SIGNATURE:

DATE:

DATE:

SECTION II – TO BE COMPLETED BY AGENCY

PAYMENT

AMOUNT

SIGNATURE

TITLE

DATE

RECOMMENDED:

APPROVED:

SCHEDULE D
REESTABLISHMENT EXPENSES – NONRESIDENTIAL
(Under Sec. 202. P.L. 91-646, as amended)

SECTION I – TO BE COMPLETED BY CLAIMANT

1. NAME:

2. PROJECT/TRACT:

3. REESTABLISHMENT EXPENSES: (See next page for allowable/nonallowable expenses)

ITEM (list)	AMOUNT CLAIMED	FOR AGENCY USE ONLY
1.	\$	\$
2.	\$	\$
3.	\$	\$
4.	\$	\$
5.	\$	\$
6.	\$	\$
7.	\$	\$
8.	\$	\$
9.	\$	\$
10.	\$	\$
11.	\$	\$
12.	\$	\$
13.	\$	\$
14.	\$	\$
TOTAL	\$	\$

4. REMARKS:

5. SIGNATURE:

SIGNATURE:

DATE: _____

DATE: _____

SECTION II – TO BE COMPLETED BY AGENCY

REESTABLISHMENT EXPENSES \$ _____

ADVANCE RECEIVED (if any) \$ _____

PAYMENT	AMOUNT	SIGNATURE	TITLE	DATE
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RECOMMENDED: _____

APPROVED: _____

REMARKS:

REESTABLISHMENT EXPENSES CAN ONLY BE PAID TO A BUSINESS HAVING NOT MORE THAN 500 EMPLOYEES WORKING AT THE SITE ACQUIRED OR DISPLACED BY A PROGRAM OR PROJECT, WHICH SITE IS THE LOCATION OF ECONOMIC ACTIVITY OR A FARM OR NONPROFIT ORGANIZATION.

ELIGIBLE EXPENSES

1. Repairs or Improvements to the replacement property as required by Federal, State, or local law, code or ordinance.
2. Modifications to the replacement property to accommodate the business operation or make replacement structures suitable for conducting the business.
3. Construction and installation costs for exterior signing to advertise the business.
4. Provision of utilities from right of way to improvement on site.
5. Redecoration or replacement of soiled or worn surfaces, such as paint, paneling, or carpeting.
6. Licenses, fees and permits when not paid as part of moving expenses.
7. Feasibility surveys, soil testing and marketing studies.
8. Advertisement of replacement location.
9. Professional services in connection with the purchase or lease of site.
10. Estimated increased costs of operation during the first two years at the replacement site for such items as lease or rental charges, personal or real property taxes, insurance premiums and utility charges (excluding impact fees).
11. Impact fees or one-time assessments for anticipated heavy utility use.

INELIGIBLE EXPENSES

1. Purchase capital assets, such as office furniture, filing cabinets, machinery, or trade fixtures.
2. Purchase of manufacturing materials, production supplies, product inventory, or other items used in the normal course of the business operation.
3. Interest on money borrowed to make the move or purchase the replacement property.
4. Payment to a part time business in the home which does not contribute materially to the household income.